**Access to Work MHSS Exit Report**

This form is to be completed at the end of the sustainment period.

All questions relate to the support given during the sustainment period.

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| --- | --- |
| **Customer Name**  |  |
| **Customer URN** |  |
| **Date Support Period started** |  |
| **Date the Sustainment Period started** |  |
| **Date the Sustainment Period ended** |  |
| **Date you last worked with the customer if different to end date above** |  |
| **Advise on the specific support/interventions provided during the Sustainment Period** |  |
| **Please outline the progress of the customer during the Sustainment Period, including achievements against any provisional timescales and key milestones listed in the Support Plan and with reference to the reasons for the requirement for the Sustainment Period in the 6 Month Plan** |  |
| **Was the customer signposted to any other provision/support?****If Yes, please provide details** **(Delete as appropriate)**  | **Yes or No**  |
| **Is the customer in employment on the last date of the Sustainment Period (273 calendar days from the start of the Support Period)?****Please provide details including hours worked per week, working pattern / reason for unemployment.** **(Delete as appropriate)**  | **Yes or No**  |

The following section of the report is to be completed by the Customer.

|  |  |
| --- | --- |
| **How did you hear about AtW MHSS? (delete as appropriate)** | 1. **DWP (Case manager referral, Job Centre Plus)**
2. **Employer**
3. **Social media/advertising**
4. **Word of mouth**
5. **Other**
 |
| **If you responded ‘other’ to the previous question, can you provide further detail on how you heard about AtW MHSS.** |  |
| **How were you referred to AtW MHSS? (delete as appropriate)** | 1. **Self-referral**
2. **Employer referral**
3. **DWP work coach/ case manager referral**
4. **Other**
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| **If you responded ‘other’ to the previous question, can you provide further detail on how you were referred to AtW MHSS**. |  |
| **To what extent does your mental health condition affect the amount or type of work you can do in your current job? (delete as appropriate)** | 1. **Not at all**
2. **Not very much**
3. **To some extent**
4. **A great deal**
 |
| **To what extent do you feel you are at risk of losing your job due to your mental health condition? (delete as appropriate)** | 1. **Not at all**
2. **Not very much**
3. **To some extent**
4. **A great deal**
 |

**Customer Declaration**

**I agree with the content of this Exit Report**

|  |  |  |  |
| --- | --- | --- | --- |
| **Customer Signature** |  | **Date** |  |
| **Provider** **Signature** |  | **Date** |  |

# **End of document**